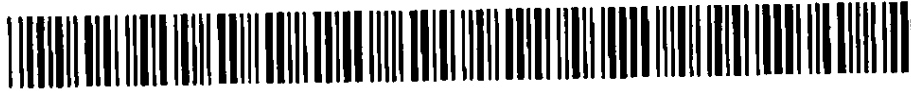


**1180003010173**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H190003010173)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)344-1100  
Fax Number : (239)344-1529

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Cade@lifestrengthhealthcenter.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROOTED APOTHECARY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T GLASS

OCT 11 2019

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Rooted Apothecary LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/23/2018 and assigned  
Florida document number L18000202757

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4280 Tamiami Trail E, Ste 103, Naples, Florida 34112

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4280 Tamiami Trail E, Ste 103, Naples, Florida 34112

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Cade Copeland

New Registered Office Address:

4280 Tamiami Trail E, Ste 103

Enter Florida street address

Naples

Florida 34112

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Ryan Collett		<input type="checkbox"/> Add
		3958 Recreation Lane, Naples, FL 34116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2019 OCT 10 PM 10:44

No. 3272 P. 4

*[The page contains faint horizontal lines, suggesting it was part of a lined document or notebook.]*

2019 OCT 10 FRI 10:44

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed..

October 1, 2019

Signature of a member or authorized representative of a member

Cathy Copeland

Typed or printed name of signee